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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number 091943955		Filing Date	
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)			
CLAIMS	6-16-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
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Total Indep	7								
Total Depend	41								
Total Claims	48								
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